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CENTRAL FAX CENTER****APR 25 2006****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application Number	09/751748	Docket Number	MIPS.0107.00-US
Filed	12/29/2000	Group Art Unit	2181
Examiner	William M. Treat	Customer No.	23669
Application Title	CONFIGURABLE CO-PROCESSOR INTERFACE		
First Named Inventor	Lawrence H. Hudepohl		

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

VIA FACSIMILE: 571-273-8300

Mail Stop RCE  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Transmitted herewith for filing are:

- |  |   |
|--|---|
| <input type="checkbox"/> Applicant claims small entity status.                               | <input checked="" type="checkbox"/> Information Disclosure Statement Transmittal    |
| <input type="checkbox"/> Return Receipt Postcard (MPEP 503)                                  | <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO-1449) |
| <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. § 1.17(e)               | <input type="checkbox"/> Copies of IDS Citations                                    |
| <input type="checkbox"/> Enclosed Amendment/Reply  | <input type="checkbox"/> Extension of Time Request                                  |
| <input type="checkbox"/> Affidavit(s)/Declaration(s)   | <input type="checkbox"/> Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)        |
| <input checked="" type="checkbox"/> Petition to Withdraw from Issue Under 37 CFR 1.313(c)(2) | <input type="checkbox"/> Other _____  |

☐ A check in the amount of \$790 is enclosed.☒ A PTO-2038 Credit Card Payment Form (PTO-2038) authorizing a charge in the amount of \$790 is enclosed.

I hereby certify under 37 CFR 1.8 that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date of signature shown below.
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Respectfully submitted,  
HUFFMAN LAW GROUP, P.C.

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4/25/06

Date: \_\_\_\_\_

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